

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049158

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 171

STATE FILE NUMBER

VS 300  
Rev. 4/59

0928

20590

3

4 1

5 1

6

7 0

8 2

2203X

10

11

12 1-0

13 5-0

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN Silex	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS R F D # 1	
3. NAME OF DECEASED (Type or print) First Middle Last KATHRYN SANDS WOMMACK		4. DATE OF DEATH Month Day Year Dec. 13 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-19-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Thomas P. Miller		11b. MOTHER'S MAIDEN NAME Unknown	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. None	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Myeloma		13b. INTERVAL BETWEEN ONSET AND DEATH 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) E. Col. Bacteremia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
14a. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	14b. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
15a. TIME OF INJURY Hour a.m. p.m.		15b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
15c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		15d. CITY, TOWN, OR LOCATION COUNTY STATE	
16. I attended the deceased from August 1963 to Dec. 13, 1963 and last saw her alive on Dec. 13, 1963		16b. Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
17a. SIGNATURE Eugene J. Canty, M.D. (Degree or title)		17b. ADDRESS 114 W. Main St. St. Charles, Mo.	
17c. DATE SIGNED Dec. 15, 1963		17d. DATE RECD. BY LOCAL REG. 12-15-63	
18a. BURIAL, CREMATION, REMOVAL (Specify) Burial		18b. DATE 12-16-1963	
18c. NAME OF CEMETERY OR CREMATORY St. Alphonsus		18d. LOCATION (City, town, or county) Silex (Millwood) Mo.	
19. FUNERAL DIRECTOR J.O. Mudd		19b. ADDRESS Bowling Green, Mo.	
20. REGISTRAR'S SIGNATURE Eugene J. Canty		20b. ADDRESS 114 W. Main St. St. Charles, Mo.	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Beverlyton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.